



Minnesota Board of Marriage and Family Therapy

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Complaint Registration Form

Therapist's Name:

Address

City

State

Zip Code

(_____) _____
Telephone Number(s)

Complainant's Name:

Address

City

State

Zip Code

(_____) _____
Daytime Telephone Number(s)

Date of Birth: ____/____/____
(For identification purposes)

Please check the applicable situation:

____ Registered by client
____ Registered by another professional
____ Registered by insurer
____ Other _____

I understand that I am not legally required to complete this form. It is offered so that the Board may properly and thoroughly evaluate and investigate this complaint, and if necessary, submit this information in any legal proceeding. Recognizing the Board's need to verify and, if necessary, legally pursue this complaint, I authorize the Board, its agents, and/or agents of the Attorney General's Office representing the Board to disclose this information to those whom the reasonably believe have a need to know.

This image shows a blank sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Signature of Complainant

Date

Date _____

Signature of Notary

My commission expires on the _____ day of _____, 20 _____